

**Indira Gandhi National Open University
School of Social Work
New Delhi**

Application Form for Research Associate

For Office Use only	
Application No.	
Date of Receipt	

Paste/Insert your recent
passport size photograph

1. Full Name (in block letters):
2. Date of Birth:
3. Sex (Male/Female/Transgender):
4. Marital Status:.....
5. Place of Birth: _____

(Village/Town)
(State)
(Country)
6. Nationality:
7. Mother Tongue:
8. Languages Known

Language	Read	Write	Speak

9. Marital Status:
10. Religion:
11. Category: SC/ST/OBC
12. Do you belong to the category of Persons with Disability (PWD)? Yes / No:
13. Name of Father / Mother / Spouse / Guardian (Circle the appropriate and write full name):
.....

14. Do you have any relative among the staff of IGNOU (Yes/No)?

If yes, please give the following particulars:

 Name of the relative Relationship with the candidate His/her designation

15. Educational/AcademicQualifications:

Details of Qualifications	Name of School /Board/University	Year of Passing	% of marks obtained	Division/ Class/ Grade	Subject(s)
Class X					
Class XII					
Bachelor					
Master					
Others					

16. If you are pursuing or have completed MPhil / PhD, then provide the details:

Degree	Department / School, etc.	University / Institution	Awarded with Year /Pursuing	Title of Thesis/Dissertation
MPhil				
PhD				

17. Whether NET/JRF/SLET qualified (Yes/No)..... Details:.....

18. Job Experience, if any, in an academic institution (start with the present job):

Designation	Name of the Institution	From	To	Nature of Job

19. Details of project carried out with duration, place of work, area worked on, Project Director's name, description of the project and contribution to the project (in not more than 5 sentences):

20. Please attach a list of publications, if any:

21. Fellowships/Scholarships Received

Name of Fellowship	Duration	Given By	Purpose

22. Whether currently employed: Y/N

23. Any other research related experience you would like to share:

24. If selected, what notice period would you require for joining?

25. References (two)

i. Name: _____
Postal Address: _____

e-mail id: _____
PhoneNo. (landline)with STDCoNo.: _____
MobileNo.: _____

ii. Name: _____
Postal Address: _____

e-mail id: _____
PhoneNo. (landline)with STDCoNo.: _____
MobileNo.: _____

26. Address:

For Correspondence	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>PIN CODE:</p> <p>PhoneNo.: (STD Code)</p> <p>MobileNo.:</p> <p>e-mail:.....</p>
Permanent Address, if different from the above	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>PIN CODE:</p> <p>PhoneNo.: (STD Code)</p> <p>MobileNo.:</p> <p>e-mail:.....</p>

I hereby declare that all entries made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my candidature is liable to be cancelled/ my appointment is liable to be terminated.

Place: _____

Signature of the Candidate

Date:.....

